



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: CAMERON MEMORIAL COMMUNITY HOSPITAL

City of Hospital: Angola

Year Begin: 10/01/2018 (mm/dd/yyyy format)

Year End: 09/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Wendy Stamper

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Medicare Provider Number: 15-1315

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$22648588
Outpatient Patient Service Revenue	\$125581382
<b>Total Gross Patient Service Revenue</b>	<b>\$148229970</b>

2. Deductions From Revenue

Contractual Allowance	\$77197826
Other Deductions	\$0
<b>Total Deductions</b>	<b>\$77197826</b>

3. Total Operating Revenue

Net Patient Service Revenue	\$71032144
Other Operating Revenue	\$1831792
<b>Total Operating Revenue</b>	<b>\$72863936</b>

4. Operating Expenses

Salaries and Wages	\$25811446	Employee Benefits	\$7561299
Depreciation and Amortization	\$6239008	Interest Expense	\$1573276
Bad Debt	\$4969229	Other Expenses	\$30802190
<b>Total Operating Expenses</b>	<b>\$76956448</b>		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4092512	Total Assets	\$83993050
Net Non-operating Gains over Loss	\$282170	Total Liabilities	\$83993050
<b>Total Net Gains</b>	<b>\$-3810342</b>		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$37143567	\$22818431	\$14325136
Medicaid	\$21592600	\$15223051	\$6369549
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$89493803	\$39156344	\$50337459
Total	\$148229970	\$77197826	\$71032144

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$115088	\$0	\$115088

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$6789	\$110654	\$-103865

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	259
Number of Citizens Exposed to Health Education Messages	276

Statement Six: Charity Statement

Hospital Charity Charges \$779279

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$0	\$347558	
HCI Payments	\$0		
Subtotal	\$0	\$347558	\$-347558
Medicaid Shortfalls	\$6369549	\$9630300	
Subtotal	\$6369549	\$9977858	\$-3608309
DSH Payments	\$0		
Subtotal	\$6369549	\$9977858	\$-3608309
Medicare Shortfalls	\$14325136	\$16566031	
Other Government Programs	\$0	\$0	
Total	\$20694685	\$26543889	\$-5849204

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6789	\$110654	\$-103865
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$90608	\$-90608
Other Allocations	\$0	\$0	\$0

Comments

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